## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567638

FILING DATE

APPLICANT(S)

**CLAIMS** 

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 <sup>16</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2	<u> </u>			1		
3	<b> </b>			1		
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48 49				1		
50				1		
TOTAL	_			-		<del>-</del>
IND.	0	▼	3	▼	0	▼
TOTAL DEP.	0	<b>(-</b>	47	<b>4</b>	0	<b>←</b>
TOTAL CLAIMS	0		50		0	

PTO - 1360 (REV. 04/2007)

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
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TOTAL IND.	0	1	1	4	0	•
TOTAL DEP	0	<b>-</b>	6	<b>—</b>	0	<b>+</b>
TOTAL CLAIMS	0		7		0	
CLAIMS			MENT of CO	- AND T	_	

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